

<b>SCC eFile</b>	<b>2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION</b>	<b>213531129</b>			
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: <b>AMERICAN CONSUMER CREDIT COUNSELING, INC.</b></p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>REGISTERED AGENT SOLUTIONS INC 7288 HANOVER GREEN DR MECHANICSVILLE, VA</b></p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>HANOVER COUNTY</b></p> <p>4.) STATE OR COUNTRY OF INCORPORATION: <b>MA</b></p> </div> <div style="width: 35%;"> <p>DUE DATE: <b>7/31/2013</b></p> <p>SCC ID NO: <b>F1516477</b></p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	
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<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 130 RUMFORD AVE SUITE 202</p> <p style="text-align: center;">CITY/ST/ZIP: AUBURNDALE, MA 02466</p>					
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS:      All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: STEVEN R TRUMBLE  TITLE: PRESIDENT  ADDRESS: 130 RUMFORD AVE  CITY/ST/ZIP/CO: AUBURNDALE, MA 02466 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 40%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: STEVEN R TRUMBLE TITLE: PRESIDENT ADDRESS: 130 RUMFORD AVE CITY/ST/ZIP/CO: AUBURNDALE, MA 02466	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	John Sergi DIRECTOR 1700 Trapelo Road Waltham, MA 02451	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Frances Quinn DIRECTOR 14 Edgewood Drive Hampton, MA 03842	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Paul Osganian DIRECTOR 1163 Main Street, Suite 4-1 Waltham, MA 02451	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Michael Silva DIRECTOR 19 Weir Road Waltham, MA 02451	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ STEVEN R TRUMBLE		STEVEN R TRUMBLE, PRESIDENT	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			